



Report to the Legislature

**Services to Persons with Disabilities who
are Residents of Residential Habilitation
Centers (RHC) who are Able to be Cared for
and Choose to Live in Community Settings,
Persons with Disabilities who are Without
Residential Services and at Immediate Risk
of Institutionalization, or are Children
Aging Out of Other State Services, or are
Community Based Waiver Clients Assessed
as Having Immediate Need for Increased
Services**

Chapter 518, Laws of 2005, Section 205(1)(c) Uncodified

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EXECUTIVE SUMMARY

Chapter 518, Laws of 2005, Section 205(1) (c) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons moving into community settings through this section and the actual expenditures for all community services to support those residents. In the 2005-2007 Biennium, the Legislature provided funds to provide community residential and support services for a minimum of 39 clients including: 1) residents of Residential Habilitation Centers (RHC) who are able to be adequately cared for in community settings and who choose to live in those community settings; 2) clients without residential services who are in crisis or immediate risk of needing an institutional placement; 3) children who are aging out of other state services; and 4) current home and community-based waiver program clients who have been assessed as having an immediate need for residential services or increased support services. In the Supplemental 06 budget year, the Legislature appropriated funds to support an additional 12 individuals, for a total of 51 individual with an average daily rate of \$300.

BACKGROUND

Residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings: Through a process adopted by DDD to implement Olmstead during the 2001-2003 biennium and carried forward in the 2005-2007 biennium, each individual living in an RHC, their guardian or close relative(s) will be asked annually whether they want to move to the community. If a person wants to move, the division will facilitate the move.

Clients without residential services who are in crisis or immediate risk of needing an institutional placement: Providing community services options to divert the need for institutionalization for persons with developmental disabilities is a long-term state and national trend. A number of DDD clients who are eligible for, and have the right to services in an ICF/MR experience a crisis due to the loss of, or lack of needed supports that places their health and safety at risk. This may occur when they lose a caregiver such as an elderly parent or a contracted community provider is no longer able to meet their significant support needs. These persons are at risk of institutionalization without sufficient community supports to meet their health and safety needs.

Children who are aging out of other state services: Children age out of DSHS Children's Administration (CA) services between the ages of 18 and 21. Children age out of DSHS Juvenile Rehabilitation Administration (JRA) services at age 18. Funding for their services through CA and JRA is specific to child serving

administrations and dependent on these federal funding sources. The funds cannot accompany the child into DDD adult services.

Children enter CA services due to abuse and/or neglect in their family home and therefore are not able to be supported by their family. A number of the youth with developmental disabilities aging out of CA have medical or behavioral issues which cannot be adequately supported in Adult Family Homes, Adult Residential Care facilities or with Medicaid Personal Care. These youth require a more intensive level of support such as the DDD Supported Living Program.

Children enter JRA services due to criminal charges. A number of the youth with developmental disabilities aging out of JRA services have community protection issues including sexual offenses or violent crimes. They require 24-hour close supervision in order to maximize community safety. Families generally are not able to provide this level of support. They cannot reside in Adult Family Homes or Adult Residential Care facilities due to the risk they would present for other residents. These youth require supports at the level of a DDD 24-hour Community Protection program.

Current waiver clients who have been assessed as having an immediate need for residential services or increased support services: A review of DDD's Cap waiver was conducted by the Center for Medicare Medicaid Services (CMS) July 2001 – January 2002. The CMS report from this review states in Recommendation #4: "Remove all provisions from existing laws, regulations, policies and procedures that support or encourage denying CAP waiver clients access to needed waiver services due to funding limitations. At the same time, laws and policies should be implemented recognizing the need to fully fund the waiver services CAP participants are assessed to need." In discussions that were held about Washington's applications for the current four new DDD Home and Community Based Waivers, federal officials in Baltimore separately asked for assurance that Washington will meet waiver participant needs. As the CMS required yearly Plans of Care are completed for waiver participants, clients are assessed as having unmet health and safety needs. It is imperative services be authorized in order to not jeopardize continued federal funding (FFP) for Washington State under the current four DDD HCBS waivers.

STATUS

The Division of Developmental Disabilities has designated as proviso placement a total of eighteen (18) clients since July 2005, with an average daily rate of \$249.13 (see attached spreadsheet). For the third quarter January through March 2006, DDD has designated ten (10) clients as proviso placements.

Following is a description of the needs of two (2) individuals who meet the criteria of "residents of RHCs who are able to be adequately cared for in

community settings and who choose to live in those community settings”, two (2) individuals who meet the criteria of “children who are aging out of other state services”, four (4) individuals who meet the criteria “clients without residential services who are in crisis or immediate risk of needing an institutional placement”, and two (2) individuals who meet the criteria of “current waiver clients who have been assessed as having an immediate need for residential services or increased support services”. These client descriptions are provided to offer information about this particular population.

Children who are aging out of other state services:

Client # 11 is a nineteen year old man with a diagnosis of Moderate MR who has been living in a foster home for the past six years. He was recently accused of molesting a child living in the same foster home. The victim was moved to another foster home and a stop placement order was initiated on the foster home until such time that client # 11 was removed. A recent risk assessment was performed by a licensed Sex Offender Treatment Professional (SOTP) and as a result, the client was determined to meet the criteria for the community protection program. Funds from this proviso are being used to provide certified community protection residential services and supports and specialized therapy from an SOTP.

Client # 14 is a twenty year old male with a diagnosis of Mild MR who was removed from his parent’s home in 2000 secondary to abuse and neglect and placed into a foster home. He was charged with first degree rape and found incompetent to stand trial and the charges were dismissed. A recent risk assessment that was performed by an SOTP noted that his current foster home placement could not provide for his needs and that he needed community protection program services. Funds from this proviso are being used to provide certified community protection residential services and supports and specialized therapy from an SOTP.

Clients without residential services who are in crisis or immediate risk of needing an institutional placement:

Client # 9 is a ten year old, non-ambulatory male with a diagnosis of Cerebral Palsy, Mitochondrial Encephalopathy, and Seizure Disorder who had been living with his father and younger sister after his mother abandoned the family approximately one year ago. Client # 9’s Aunt was assisting with his and his sister’s care but was no longer able to care for client # 9. Client # 9’s father had initially requested RHC placement, however did agree to a community services alternative. A foster home near the family home had expressed an interest in providing supports, and therefore funds from this proviso have been used to support client # 9 there.

Client # 15 is a forty-two year old male with a diagnosis of Mild MR, Cerebral Palsy, Epilepsy, Ataxia, and Peripheral Neuropathy who has been placed on emergency respite at an RHC after being asked to leave his Adult Family Home

(AFH) for aggression and ongoing resistance to care. Client # 15 uses a wheelchair, requires 1:1 supervision and assistance with ambulation, transferring and repositioning. It was determined that client # 15's needs could be better met by multiple shifts of caregivers rather than an individual provider. Funds from this proviso have been used to provide supported living residential services and vocational services.

Client # 16 is a nineteen year old woman with a diagnosis of Moderate MR who had been most recently residing in an Adult Family Home (AFH) after having been served in Foster Care Group Homes since an early age. Recently, client # 16 began exhibiting significant inappropriate sexual behaviors and because of risk to other individuals being served in the AFH, could no longer be served by an AFH. Funds from this proviso have been used to provide supported living residential services and specialized therapies provided by an SOTP.

Client # 18 is a thirty year old woman with a diagnosis of Severe Athetoid Cerebral Palsy, and Moderate Developmental Delay with multiple medical issues secondary to her cerebral palsy who had been supported by an Adult Family Home since 2001. With the increase in medical problems, the cost of supporting client # 18 exceeds the funding available through Medicaid Personal Care. DDD allowed increased funding through an Exception to Rule (ETR), however this was not enough for the AFH to continue supporting her. Funds from this proviso were used to provide supported living residential services.

Residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings:

Client # 12 is a twenty-four year old woman with Profound MR, Refractory Seizure Disorder, Todd's Paralysis, Hypothyroidism, Seborrheic Dermatitis, and Bilateral Plantar Hyperkeratosis who had resided at Francis Haddon Morgan Center since age twelve. Her parents recently requested community placement in south King County. Funds from this proviso have been used to provide supported living residential services, as well as nursing and day supports.

Client # 13 is a thirty-six year old male with a diagnosis of Mild MR, Schizoaffective Disorder, PTSD, Bipolar Disorder, left eye blindness and hypertension that had been living in a supported living program until he was admitted to Rainier School in 2004 for a serious self injurious episode resulting in the detachment of the retina in his right eye. Client # 13 recently requested a community placement. A compatible housemate was identified and funds from this proviso were used to provide supported living residential services, as well as vocational and specialized therapy services.

Current waiver clients who have been assessed as having an immediate need for residential services or increased support services

Client # 10 is a forty-two year old woman currently on the Core waiver with a diagnosis of Cerebral Palsy and Epilepsy. Additionally, client # 10 sustained a severe head injury at age 5 in an automobile accident and needs total physical assistance with all activities of daily living. She also exhibits significant challenging behaviors such as screaming, spitting and hitting. Client # 10 was hospitalized in August 2005 for a Urinary Tract Infection, and her health deteriorated significantly. Because she was unable to maintain adequate nutrition, her physician recommended a feeding tube. The client's guardian decided not to authorize this procedure and requested that when the client was discharged, she not be returned to the current provider. Because funding for her is not able to transfer to a new provider without jeopardizing the support services to her housemates, funds from this proviso have been used to provide supported living residential services as well as nursing services and supports. Any new client currently on the Core waiver and in need of residential services and supports will be considered for placement in the vacancy created by client # 10's move.

Client # 17 is a thirty-five year old man with a diagnosis of Profound MR, Down syndrome, Gout, Encephalopathy and Hyperlipidemia who requires line of sight supervision during awaking hours due to behavioral issues. The Adult Family Home (AFH) that client # 17 resided in made every effort to provide a safe and supportive environment, including multiple environment changes. Recently the AFH notified DDD that they could no longer meet his support needs. After being turned down by four AFHs, funds from this proviso were used to provide supportive living residential services.

**EXPANDED COMMUNITY SERVICES PROVISIO
JANUARY - MARCH 2006
LEGISLATIVE REPORT**

Community Residential & Support		Type of Services						Expenditures	
		Residential	Number of Days in Service	Residential Daily Rate	Day Services Daily Rate	Other Daily Rate	Therapies Daily Rate	Total Daily Expend.	Total Expend. To Date
#	Moved To	Start Date							
1	Region 6	8/29/05	215	\$ 230.00	\$ ---	\$ ---	\$ ---	\$ 230.00	\$ 49,450.00
2	Region 6	8/29/05	215	\$ 300.00	\$ ---	\$ ---	\$ ---	\$ 300.00	\$ 64,500.00
3	Region 4	9/30/05	183	\$ 256.68	\$ ---	\$ ---	\$ 15.00	\$ 271.68	\$ 49,717.44
4	Region 1	9/30/05	183	\$ 296.78	\$ ---	\$ ---	\$ 3.22	\$ 300.00	\$ 54,900.00
5	Region 3	10/4/05	179	\$ 115.07	\$ 24.00	\$ 43.45	\$ ---	\$ 182.52	\$ 32,671.08
6	Region 4	11/5/05	147	\$ 263.40	\$ ---	\$ ---	\$ ---	\$ 263.40	\$ 38,719.80
7	Region 2	11/21/05	131	\$ 229.10	\$ 24.00	\$ ---	\$ 1.25	\$ 254.35	\$ 33,319.85
8	Region 4	11/28/05	124	\$ 260.62	\$ ---	\$ ---	\$ 4.60	\$ 265.22	\$ 32,887.28
9	Region 4	1/1/06	90	\$ 163.00				\$ 163.00	\$ 14,670.00
10	Region 6	1/1/06	90	\$ 176.90	\$ ---	\$ ---	\$ ---	\$ 176.90	\$ 15,921.00
11	Region 2	1/12/06	79	\$ 250.13	\$ ---	\$ 14.79		\$ 264.92	\$ 20,928.68
12	Region 4	1/15/06	76	\$ 273.08	\$ 24.13	\$ ---	\$ ---	\$ 297.21	\$ 22,587.96
13	Region 4	1/26/2006	65	\$ 298.12	\$ 24.13		\$ 11.11	\$ 333.36	\$ 21,668.40
14	Region 2	2/9/06	51	\$ 249.05			\$ 14.79	\$ 263.84	\$ 13,455.84
15	Region 2	2/27/06	33	\$ 222.76	\$ 16.56	\$ ---	\$ ---	\$ 239.32	\$ 7,897.56
16	Region 3	3/13/06	19	\$ 260.00	\$ ---	\$ ---	\$ 15.00	\$ 275.00	\$ 5,225.00
17	Region 5	3/15/06	17	\$ 155.74	\$ ---	\$ ---	\$ ---	\$ 155.74	\$ 2,647.58
18	Region 4	3/23/06	9	\$ 247.94	\$ ---	\$ ---	\$ ---	\$ 247.94	\$ 2,231.46
Average for Proviso								\$ 249.13	\$ 483,398.93